

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE INTEREST OF

**Notice of
Change of Placement**

- ☐ Out of Home to Out of Home
☐ Out of Home to In Home

Name

Date of Birth

Case No. _____

The placement ☐ was ☐ will be changed on (date) _____ as follows:

This change ☐ was ☐ was not authorized by the original dispositional order.

Give reason for new placement, why it is preferable and how it satisfies treatment plan:

Name and address of new placement:

If placement continues to be outside the home, the parents/guardian/legal custodian/trustee will be required to pay support for the placement.

Hearing Rights

If you object to the change in placement:

- ☐ A written request for a hearing must be filed with the court listed above within 10 days of your receipt of this notice. Copies of this request should be sent to all concerned parties.
- ☐ The change of placement is authorized in the current dispositional order. Therefore, your request for a hearing must allege new information which affects the advisability of that dispositional order.

Distribution:

1. Original – Court
2. Child/Juvenile
3. Parents/Guardian/Legal Custodian/Trustee
4. Social Worker/District Attorney/Corporation Counsel
5. Juvenile's Attorney

Signature of Case Worker/District Attorney/Corporation Counsel

Name Printed or Typed

Date